OFFICIAL FILE ILLINOIS COMMERCE COMMISSION

ORIGINAL

(File Original and 3 copies)

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Docket No.				
	ICC	Offic	a lisa C	mly .

APPLICATION FOR CERTIFICATE TO BECOME A TELECOMMUNICATIONS CARRIER

	(Use additional sheets as necessary.)	
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l.	Applicant's Name(including d/b/a, if any) FEIN # 86-0862532	
	Cybertel, Communications Corp.	
	Address: Street 4320 La Jolla Village Drive, Suite 205	-
	City San Diego, California State/Zip 92122	
2.	Authority Requested: (Mark all that apply)13-403X13-404	13-405
3.	Request for waivers/variances: In applications for exchange service authority und Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 a generally requested. In applications for interexchange service authority under Sec 403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please which waivers Applicant is requesting.	re ctions 13-
	X 710 X Part 735 Section 735.180 Other	
4.	In what area of the state does the Applicant propose to provide service?	
	Statewide.	
5.	Please attach a sheet designating contact persons to work with Staff on the follow Attachment 1. a) issues related to processing this application b) consumer issues c) customer complaint resolution d) technical and service quality issues e) "tariff" and pricing issues f) 9-1-1 issues g) security/law enforcement	ing:
	Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) number, (v) facsimile number, and (vi) e-mail address, if any.	telephone
7.	Please check type of organization? Individual Corporation Partnership Date corporation was formed June 13, 1996 In what state? Nevada Other (Specify) Limited Liability Company	

8.	Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois. Attachment 2.			
9.	List jurisdictions in which Applicant is offering service(s).			
	Attachment 3.			
10.	Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?			
	YES (Please provide details) X NO			
11.	Have there been any complaints against the Applicant in any other jurisdiction?			
	YES X NO If YES, describe fully.			
12.	Will the Applicant keep its books and records in Illinois?YESXNO If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested. The Company requests permission under 83 Ill. Adm. Code Part 250 to keep all books and records in California, and agrees to make these records available to the Commission upon requests.			
MA	NAGERIAL			
13	Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms. Attachment 4.			
14.	List officers of Applicant. Richard Mangiarelli, President Jim Boring, Sr. Vice President			
	Richard Schmidt, C.F.O.			
15.	Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services?YESXNO			
	If YES, list entity.			
16.	How will Applicant bill for its service(s)? The Company will bill customers directly			

17.	How does Applicant propose to handle service, billing, and repair complaints?
-	Customer service issues will be handled by the Company's customer service personnel
	who are available by dialing 1-800-370-1213 (toll free).
	Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing?X_ YESNO
19.	What telephone number(s) would a customer use to contact your company?
	(858) 646-7410 or (800) 370-1213 (toll free)
20.	What are your procedures to prevent unauthorized "slamming" of customers?
	The Company will use written Letters of Authority (LOAs).
	If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 735, 755, 756, 757, 770, and 772? The Company is not requesting local exchange service authority.
	YESNO (If no, please provide an explanation.)
	Will the applicant sign and return membership forms to the Universal Telephone Assistance Corporation and the Illinois Telecommunications Access Corporation? X YES NO
FIN	IANCIAL
	Please attach evidence of applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service. Attachment 5.
TE	CHNICAL
24.	Does Applicant utilize its own equipment and/or facilities?YESXNO
	If YES, please list:
	If NO, which facility provider(s)'s services does Applicant use? MCI/WorldCom

25.	Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, local service).
	Long distance service. Proposed tariff attached as Attachment 6.
26.	Will technical personnel be available at all times to assist customers with service problems? NO
27.	If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d)ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f)a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? YES NO
	The Company will not provide payphone service.
	(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

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State of Laislana)	
County of Jefferson)ss	
Richard Mangiarelli makes oath and says that he is	President
(Insert Here the name of affiant) ofCybertel, Communications Corp.	(Insert the official title of the affiant)
(Insert here the exact legal title or name of the Applicant)	
that he has examined the foregoing application and that to the information, and belief, all statements of fact contained in the said application is a correct statement of the business and affain respect to each and every matter set forth therein.	said application are true, and the
A	La Manarelli
7	(Signature of affiant)
Subscribed and swom to before me, a Notary Public/ Mou	ica P. Borne, Atte
(Title of	f person authorized to administer oaths)
in the State and County above named, this 20 day of	<u>ue = 2000.</u>
(Signal and Associated Association of the Associati	3
(Signature of person authorized to add	mmater oatri)